

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 241019US0DIV
		First Inventor or Application Identifier Rossella MUSA et al
		Title MODIFIED CARRIER PARTICLES FOR USE IN DRY POWDER INHALERS
		Assignee Name: Chiesi Farmaceutici S.p.A. Assignee Address: Via Palermo, 26/A - PARMA, Italy

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS	
2. <input checked="" type="checkbox"/> Specification Total Sheets 19		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 1		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3 <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small> 		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> (when there is an assignee) <input type="checkbox"/> Power of Attorney	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		10. <input type="checkbox"/> English Translation Document (if applicable)	
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <ul style="list-style-type: none"> <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: 09/926,105		12. <input checked="" type="checkbox"/> Preliminary Amendment	
Prior application information: Examiner: Simon OH		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard	
		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
		16. <input checked="" type="checkbox"/> Other: Request for Priority	

15535 U.S. PTO
 10/628453

 07/29/03

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <ul style="list-style-type: none"> <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: 09/926,105 Group Art Unit: 1615			
Prior application information: Examiner: Simon OH			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. Amend the specification by inserting before the first line the sentence: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of U.S. Application Serial No. 09/926,105, filed on September 27, 2001, which was originally filed as International Application No. PCT/EP00/01773, filed on March 2, 2000. <input type="checkbox"/> This application claims priority of provisional application Serial No. Filed 			

19. CORRESPONDENCE ADDRESS  22850 (703) 413-3000 FACSIMILE: (703) 413-2220			
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Name:	Norman F. Oblon	Registration No.:	24,618
Signature:			Date: 7/29/03
Name:	Roland E. Martin	Registration No.:	48,082

DOCKET NO. 241019US0DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTORS: Rossella MUSA et al

SERIAL NO: NEW APPLICATION

FILING DATE: HEREWITH

FOR: MODIFIED CARRIER PARTICLES FOR USE IN DRY POWDER INHALERS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	23 - 20 =	3	x \$18 =	\$54.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$804.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$804.00

Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.

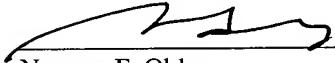
A check in the amount of **\$804.00** to cover the filing fee is enclosed.

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 7/29/03



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